

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Maile</i>	<i>TC19</i>	<i>03-19-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>A-S</i>	<i>943</i>	<i>4-26-1</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	12 06 03 24 06 03 11
	Mar May Dec Mar Aug Oct Feb
1	✓ ✓ ✓ ✓ ✓ ✓ ✓
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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